

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

INFINITY COMPUTER
PRODUCTS, INC.

Plaintiff

Civil Action No. 10-CV-03175-LDD

COMPLAINT FOR PATENT
INFRINGEMENT

BROTHER INTERNATIONAL
CORPORATION;
CANON USA, INC.;
DELL, INC.;
EASTMAN KODAK COMPANY;
EPSON AMERICA INC.;
HEWLETT-PACKARD
COMPANY;
KONICA MINOLTA BUSINESS
SOLUTIONS, U.S.A., INC.;
LEXMARK INTERNATIONAL,
INC.;
OKI DATA AMERICAS, INC.;
PANASONIC CORPORATION
OF NORTH AMERICA;
RICOH AMERICAS
CORPORATION;
SAMSUNG ELECTRONICS
AMERICA, INC.;
SHARP ELECTRONICS
CORPORATION;
TOSHIBA AMERICA BUSINESS
SOLUTIONS, INC.
and
XEROX CORPORATION,

Defendants

AFFIDAVIT OF SERVICE

This is to certify that defendant, Oki Data Americas, Inc., with an address of 1209

Orange Street, Wilmington, DE was served a Civil Action Complaint in the above matter via the

United States Postal Service, Certified Mail on July 9, 2010. A copy of the Certified Mail return receipt is attached hereto.

Date: July 20, 2010

/s/ Robert L. Sachs, Jr.

Robert L. Sachs, Jr.
Attorney for Plaintiffs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p>A. Signature</p> <p>X <i>Scott Salas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p> Oki Data Americas, Inc. c/o Registered Agent The Corporation Trust Company Corporation Trust Center 1209 Orange Street Wilmington, DE 19801 </p> </div>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>JUL 09 2010</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7003 3110 0005 5932 6623</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	